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			MICHIGAN		☐ Transport ☐ Nontransport ☐ Aircraft Transport ☐ Air Ambulance	
		VEHICLE LOCATION			☐ Advanced	
	STREET ADDRESS:					
				Vehicle is equipped with control that meets MEDCOM Spe	cifications	
FACILITY NUMBER:	CITY:	STATE:	ZIP:	☐ 1st Responder ☐ Basic	☐ Limited☐ Advanced	
	REGISTERED OWNER INFORMATION					
COMPANY ADDRESS:		NAME: (Print)			Check Box if Vehicle is AED equipped	
				FOR EMS SECT	ION LISE ONLY	
	STREET ADDRESS:			FOR ENIS SECTI	ON USE ONL!	
STATE: ZIP:	CITY	OTATE	710	_		
	CITY:	STATE:	ZIP:			
	OWNERS NAME (indi	vidual or corporation)				
	TOWNERS NAME (IIIdi)	ndual of corporation)				
				Facility Number		
YEAR: VEHICLE MAKE						
	BUREAU OF HEALTH SYSTEMS			Expiration Date		
CURRENT LICENSE PLATE NUMBER:	EMERGENCY MEDICAL SERVICES P.O. BOX 30664 LANSING, MI 48909		. '			
	For overnigh		ansing MI 48933			
	VEHICLE MAKE	NAME: (Print) STREET ADDRESS: CITY: OWNERS NAME (indiv.) VEHICLE MAKE VEHICLE MAKE ATE NUMBER: P.O	NAME: (Print) STREET ADDRESS: CITY: STATE: OWNERS NAME (individual or corporation) RETURN APPLICATION MICHIGAN DEPARTMENT CONSUMER & INDUSTRY SE BUREAU OF HEALTH SYST EMERGENCY MEDICAL SERV P.O. BOX 30664 LANSING, 48909	NAME: (Print) STREET ADDRESS: CITY: STATE: ZIP: OWNERS NAME (individual or corporation) RETURN APPLICATION TO: MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES BUREAU OF HEALTH SYSTEMS EMERGENCY MEDICAL SERVICES P.O. BOX 30664 LANSING, MI	NAME: (Print) STREET ADDRESS: CITY: STATE: ZIP: OWNERS NAME (individual or corporation) RETURN APPLICATION TO: MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES BUREAU OF HEALTH SYSTEMS EMERGENCY MEDICAL SERVICES P.O. BOX 30664 LANSING, MI 48909 FOR EMS SECTION FOR Check Box if Vehicle is AI FOR EMS SECTION Facility Number Expiration Date	

MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES BUREAU OF HEALTH SYSTEMS

INSTRUCTIONS

When submitting an application for licensure/relicensure be sure to include a completed Part 2 (Life Support Vehicle Application, BHS/EMS 181) for each vehicle.

If this is a new vehicle being added to your service be sure to include:

- A completed Communication Certificate of Compliance (form BHS/EMS-349) for Limited Advanced and Advanced vehicles.
- A completed Manufacturers Certificate of Compliance (for BHS/EMS-314) for transport vehicles only.

Make sure that the box indicating the reason for submitting the Part 2 is filled in.

If you are removing, replacing or downgrading a vehicle be sure to complete a separate Part 2.

When applying for licensure renewal, any information on the pre-printed renewal application that is incorrect, draw a line through it and enter the correct information either above or next to the preprinted information.

Return all forms, including correct payment (if required) to the address indicated on the front of this application. (See required fees on the front of this application)

Any application(s) received by the Michigan Department of Consumer & Industry Services, that is not properly completed will be returned to the life support agency for correction. Each agency should retain copies of all applications and correspondence communicated to this office.

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you make your needs known to this agency.